



Montgomery County Department of Health and Human Services  
Licensure and Regulatory Services  
255 Rockville Pike, Suite 100; Rockville, Maryland 20850  
Phone: 240-777-3986 Fax: 240-777-3088

**PUBLIC SWIMMING POOL AND SPA FACILITY REVIEW FORM FOR COMPLIANCE  
WITH THE VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT**

Complete a form for **Each Pump** at a facility (such as the pump for a circulation system, a hydrojet, or a water feature)

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Name & Company of Pool Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

1. **Pool:** ☐ Main Pool ☐ Wading Pool ☐ Spa ☐ Spray Pool ☐ Therapy Pool  
☐ Water Recreation Attraction ☐ Other: \_\_\_\_\_ Min. Required Flow Rate: \_\_\_\_\_

2. **Feature (if applicable):** ☐ Spray Feature ☐ Slide ☐ Water Feature ☐ Hydrojet ☐ Other: \_\_\_\_\_

3. **Type of Pool:** ☐ Indoor ☐ Outdoor **Volume of Pool or Spa** (in gallons): \_\_\_\_\_

4. **Make, Model Number, and Horse Power of Pump:** \_\_\_\_\_

**5. Maximum Flow Rate Through the Main Drain or Suction Outlet System:**

Field tested maximum flow rate the system can attain with surface skimmer/gutter line valve(s) closed  
(gpm): \_\_\_\_\_ **OR** Indicate the estimated maximum flow rate for this system based on the pump curve or the  
hydraulic or field tested calculations (gpm): \_\_\_\_\_ **Submit calculations with this form**

Maximum flow rate the system can attain with clean filters and all valves open, if applicable (gpm): \_\_\_\_\_

6. **Existing Suction Outlets** (for the indicated pump) **Location and Number:** ☐ Wall ☐ Floor

☐ Separate Planes Number of Suction Outlets: \_\_\_\_\_

7. **Anti-entrapment device/system** in use to comply with the Virginia Graeme Baker Pool & Spa Safety Act and  
COMAR 10.17.01 (check one):

- ☐ At least two suction outlets that are hydraulically balanced and spaced a minimum of 3 feet from edge to edge  
☐ Suction outlet covers less than 12" X 12" in area are anti-vortex  
☐ Single suction outlet with ASME/ANSI A112.19.17 or ASTM-F2387 compliant Safety Vacuum Release System  
(SVRS). SVRS Make and Model: \_\_\_\_\_  
☐ Gravity drainage system: ☐ Dual drain ☐ Single drain  
☐ A channel drain system that is at least 3 feet edge to edge or an unblockable drain that is a minimum 18" by  
23" in area and a Dual Drain: ☐ or a Single Drain: ☐

8. **Proposed Suction Outlet Cover(s):** Submit compliance verification or field testing by a registered design  
professional in accordance with ASME/ANSI A112.19.8-2007. **Number of Covers:** \_\_\_\_\_

**Frame Make and Model Number:** \_\_\_\_\_ **Size of Cover:** \_\_\_\_\_

**Location:** ☐ Wall ☐ Floor **Designed Maximum Flow Rate (gpm):** \_\_\_\_\_

**Maximum flow rate through each outlet cover:** Max Flow Rate X ( 2 / no. of drain covers) = \_\_\_\_\_

**9. Sump/Pot:**

Existing: ☐ Manufactured ☐ OR Field Fabricated ☐

New Installation: ☐ Manufacturer Make and Model: \_\_\_\_\_

☐ Sump/Pot is field fabricated. The depth, width, and length are as indicated below:

Depth: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

Clearance between the bottom of the cover and the opening of the suction outlet pipe (inches): \_\_\_\_\_

Interior diameter of suction outlet pipe (inches): \_\_\_\_\_

**Installation meets manufacturer's instructions for the cover and frame specified above:** ☐ Yes ☐ No

**10. Existing Equalizer Lines:** Temporarily Disabled Equalizer Lines (all items required):

- a. Facility will comply fully by installing approved covers by June 1, 2010;
- b. All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot; **and**,
- c. All equalizer lines have covers that are in good condition and cannot be removed without the use of tools.

**Interim Compliance Variance:** Specify why compliance cannot be met by December 19, 2008 or by the 2009 opening date and the anticipated date of compliance (include any supporting information with this form):

\_\_\_\_\_  
\_\_\_\_\_: **AND**,

Explain the interim measures in place that will protect the public health and safety: \_\_\_\_\_

I hereby certify that the above-referenced pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act (VGB) and the above information is correct (Signature of facility owner and a pool professional are both required)

\_\_\_\_\_  
Owner's Signature Title

\_\_\_\_\_  
Printed Name Date

\_\_\_\_\_  
Pool Professional's Signature Title

\_\_\_\_\_  
Printed Name Date

The repair or alteration plan is approved provided an on-site inspection is conducted by this office and approval is obtained prior to operation. Contact this office to schedule a: ☐ **compliance inspection after installation, but before filling the pool/spa or** ☐ **pre-opening inspection before operating.**

☐ The Interim Compliance Variance is approved provided the pool/spa is VGB compliant by: \_\_\_\_\_

\_\_\_\_\_  
Environmental Health Specialist Date

**FEE: ONE TIME REVIEW FEE FOR EACH POOL FACILITY is \$115.00**

**OFFICE USE ONLY**

Receipt No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Date Expires: \_\_\_\_\_

Check/Money Order No.: \_\_\_\_\_ Record No.: \_\_\_\_\_